

It is the responsibility of the applicant for reinstatement to become familiar with the applicable sections of the *Virginia Board of Accountancy Regulations* prior to completing and submitting the application for reinstatement.

PLEASE PRINT ALL INFORMATION

Virginia CPA Certificate Number	Year addressed in this form:
#	

1. Name _____
First Middle Last Generation
(SR, JR, III, etc.)
2. Social Security Number

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(Application will not be accepted without a Social Security Number or Control Number. See below.)

EMPLOYMENT/SELF-EMPLOYMENT INFORMATION

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|----|---------------------------------|-----------|-----------|-----------------|
| 3. | Business Name | <hr/> | | |
| 4. | Business Street Address | <hr/> | | |
| | City, State, Zip Code | <hr/> | | |
| 5. | E-mail Address | <hr/> | | |
| 6. | Telephone & Other Numbers | <hr/> | | |
| | (Please include the area codes) | Telephone | Facsimile | Beeper/Cellular |

** State law requires every applicant for a license, certificate, registration or other authorization to engage in a business, trade, profession or occupation issued by the Commonwealth to provide a social security number or a control number issued by the Virginia Department of Motor Vehicles.*

FOR OFFICE USE ONLY	FEE PAID	DATE RECEIVED	ISSUE DATE	CERTIFICATE NUMBER
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7. I used my CPA designation and provided services to the public during this year (i.e., prepared tax returns, estate planning, served as a consultant).

No ☐ Yes ☐

8. I used my CPA designation but I did not provide services to the public during this year.

No ☐ Yes ☐

9. I did not use my CPA designation at all during this year.

No ☐ Yes ☐

10. I worked in Virginia during this year.

No ☐ Yes ☐

11. I worked outside Virginia during this year.

No ☐ Yes ☐

12. I worked both in Virginia and outside Virginia during this year.

No ☐ Yes ☐

13. If my license is reinstated, I plan to use my CPA designation and provide services to the public.

No ☐ Yes ☐

14. If my license is reinstated, I plan to use my CPA designation but I will not provide services to the public.

No ☐ Yes ☐

15. If my license is reinstated, I do not plan to use my CPA designation and will not work as a CPA.

No ☐ Yes ☐

☞ If you answered "Yes" to (7&10), (7&11), (7&12), or (13) – You must provide proof of the required CPE (120 CPE hours over a three-year CPE reporting cycle – the three calendar years immediately preceding your application for reinstatement).

☞ If you answered "Yes" to (8&10), (8&11), or (14) – Beginning January 1, 2004, you must provide proof of the required CPE (45 CPE hours over a three-year CPE reporting cycle beginning January 1st of 2003, 2004, and 2005).

I, the undersigned, certify that the foregoing statements and answers are true, and accurate.

Signature _____

Date _____

☞ Copies of the *Code of Virginia* and the *Virginia Board of Accountancy Regulations*, as well as all applicable forms and other information, may be obtained online at <http://www.boa.virginia.gov>, or by calling the Board office at (804) 367-8505.